

PUTNAM COUNTY EMERGENCY MEDICAL SERVICES

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Employee Consent Form for Hepatitis B Vaccination

I, _____ as an employee of Putnam County consent to take the Hepatitis B vaccinations. I have been informed that this involves a series of three vaccinations. I have been informed of the possible side-effects and complications as well as the benefits of the series of injections. I understand that the medication will be administered free of charge to me.

Employee's Signature

Date: ____/____/____